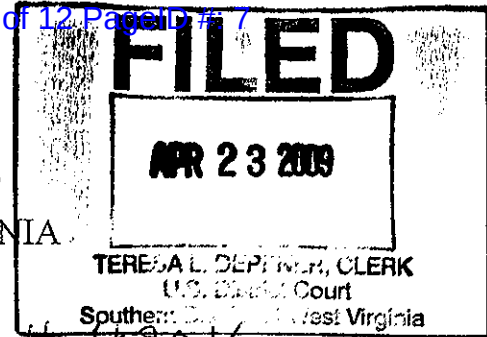


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



Arthur Ballinger IV

D.O.C. # 72016

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:09-0414
(Number to be assigned by Court)

Dr. Dagher
Dr. Gajendragakar

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes ☒ No ☐

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: Arthur Ballinger II D.O.C.#
42016

Defendants: C.O. Adams
C.O. Young

2. Court (if federal court, name the district; if state court, name the county);

UNITED STATES DISTRICT
COURT

3. Docket Number: Still pending

4. Name of judge to whom case was assigned:

Still pending

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Still pending

6. Approximate date of filing lawsuit: Still pending

7. Approximate date of disposition: Still pending

II. Place of Present Confinement:

II. Place of Present Confinement: MT. Olive Correctional Complex

- A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No

- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No

- C. If you answer is YES:

1. What steps did you take? g1 to captain, appeal to warden and commissioner
2. What was the result? denied on every level, commissioner ordered that I be seen by medical

- D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff: Arthur Ballinger IV 42016
Address: MT. Olive Correctional complex

- B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: _____

is employed as: _____

at _____

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was beaten by officer Young and officer Adams and several other officers, now I am losing my eyesight and the eye doctor said I need a cornea transplant I have been losing my eyesight ever since the beating and the eye doctor said I have

I filed a lawsuit about the beating, shortly after I started losing my eyesight, I saw the eye doctor and he said that I had a scar on my right eye and asked if I had sustained an injury recently and I told him about the beating, he said I needed a cornea transplant and gave me glasses, then my eye sight got worse and I saw him again and he said my eye sight would continue to get worse, the doctor told me in a sick call meeting that nothing could be done while in prison as the eye doctor said it was not practical and can't be done in prison. I had my grand mother call the prison I was pulled into the Captains office and was basically threatened, for my grand mother calling up here, my eye sight is worsening, my eye sight is become worse and worse as a result of the beating and medical will do nothing about it. I still haven't seen the ~~medical~~ medical unit concerning this g-1 from the commissioner thru Ms Sotak. Respectfully and thank you

IV. Statement of Claim (continued):

Scars on my eye's and I need a cornea transplant and they are denying me treatment saying it is not life threatening and not practical to be done in prison but I can barely see and my eyesight continues to get worse. The doctor and eye doctor won't give me the proper medical attention I need. I also have chipped teeth from the beating, but my eyesight is the concern

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want the court to order fiscal damages or order treatment be done for my eyesight respectfully asking, which ever can be granted by this honorable court.

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: I do not have any
money

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No ☒

If so, state the lawyer's name and address:

Signed this 8th day of April, 2009.

Arthur Ballinger
4/20/16

Signature of Plaintiff or Plaintiffs

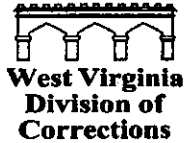
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4-8-09
(Date)

Arthur Ballinger
Signature of Movant/Plaintiff 4/20/16

Signature of Attorney
(if any)

447



**STATE OF WEST VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY
DIVISION OF CORRECTIONS**



**JOE MANCHIN III
GOVERNOR**

**JIM RUBENSTEIN
COMMISSIONER**

Q 1-403

**JAMES W. SPEARS
SECRETARY**

OFFICE OF THE COMMISSIONER
112 CALIFORNIA AVENUE-STATE CAPITOL COMPLEX
BUILDING 4, ROOM 300
CHARLESTON, WV 25305-0280
(304) 558-2036 Telephone - (304) 558-5934 Fax

MEMORANDUM

TO: Arthur Ballinger, DOC #42016
THRU: David Ballard, Warden MOCC
FROM: Jim Rubenstein, Commissioner by
Charlene Sotak, Inmate Grievance Coordinator
DATE: April 6, 2009
RE: 09-MOCC-Q2-145

In his grievance the inmate alleges that he was told by the eye doctor that he needs to have a cornea transplant but that it was not practical to be done while in prison. The inmate also alleges that he can barely see.

Therefore, this grievance is remanded to the warden with instructions that the inmate be seen by medical forthwith.

Charlene Sotak

*cc: Rev.
Meh
Filer*

RECEIVED

RECEIVED

MAR 20 2009

APR 01 2009

Policy Directive 335.00
01 September 2007
Attachment #1

374

West Virginia Division of Corrections
Inmate Grievance Form

Q2

Grievance No.

09 MOC Q2 145

Inmate Name

Q2-512

DOC #

42016

Date of Grievance

3-19-09

Grievance is initiated by tendering this document to Unit Manager:

Capt. McCloud

State Nature of Grievance/Issue to be Addressed - [Note: One (1) issue per grievance; be concise]:

I saw the doctor and he acknowledged that the eye doctor said I need a cornea transplant, but said it was not practical to be done while in prison, I can barely see, I need something done about this, this is the 2nd g-1 I have filed on this matter the first one was not answered. Thank you

Inmate's Signature: Mr. Arthur Ballinger IV [The inmate may attach one (1) 8.5 x 11 sheet if necessary at this level only.]

Unit Manager's Response (attach additional sheet if needed):

Mr. Ballinger, if your having medical issues you need to submit a sick call slip.

Signature of Unit Manager:

Capt. McCloud

Date:

20 March 2009

Resolved: _____ (If so, initial and give copy to Unit Manager) Appealed to Warden/Administrator: AB (Initial)

If no response at initial level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames as set forth in Policy Directive 335.00.

Inmate's Signature:

Date:

Action by Warden/Administrator:

Remand to Unit for further action

Affirm unit and deny grievance

☒ Grant the Grievance as specified

Reject for failure to follow grievance procedure

Deny for reasons other than specified at unit level

Comments: Please submit an Inmate Health Service Request form to the medical department so that you can discuss your concerns with a medical professional.

Warden/Administrator's Signature

26 March 2009

Date

(Warden/Administrator may attach additional sheets, if necessary.)

Resolved: _____ (If so, initial and give copy to Unit Manager) Appealed to Commissioner: AB (Initial)

If no response at Warden/Administrator's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00

Inmate's Signature:

Date:

Action by Commissioner: ☒ Remand to Warden/Administrator/Unit for Further Action

Affirm Warden/Administrator and Deny Grievance

☐ Grant the Grievance, as specified ☐ Reject for failure to follow procedure ☐ Deny for reasons other than specified at unit level

Signature of Commissioner/Designee

Date of Action

(Commissioner's response may include additional sheets, if necessary.)

Pursuant to this policy, the Warden/Administrator may set forth procedures to allow for the Unit Manager to designate staff to respond.

Arthur Ballinger III
MT. Olive Correctional
Complex
One Mountainside Way
MT. Olive W.V. 25185
D.O.C. # 42016-1
~~Q1 pod 4, 403~~

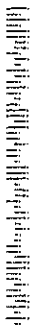
CORRESPONDANCE FROM INMATE
AT MOUNT OLIVE CORRECTIONAL COMPLEX



Clerk of the UNITED
STATES DISTRICT COURT
110 North Herber Street
Room 119

BECKLEY, W.V. 25801

BY: _____ MARSHALS SERVICE
X-RAVED



APR 22 2009